

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70	/					
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75		/				
26							76	/					
27							77		/				
28							78		/				
29							79	/					
30							80		/				
31							81		/				
32							82		/				
33							83	/	/				
34							84	/					
35							85	/					
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	70	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	76					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS